NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES
CRN POC COMPETENCY VALIDATION

Name: _____   Manager or Designee:_____

Work Area: _____   Primary Preceptor: _____

Hire Date: _____   Competency Date: Met _____   Not Met:_____

Reason for validation: □ Orientation   □ Re-validation   □ PI Follow-up   □ Other _____

Key: 1 = No knowledge/No experience   3 = Knowledge/Done with assistance   **Circle method used for validation:** D = Demonstration   DR = Documentation Review   V = Verbalization
2 = Knowledge/No experience   4 = Knowledge/Done independently   T = Test/Quiz   O = Other (specify)

Competency: Mechanical Ventilation – Manages care and seeks to prevent complications for the patient requiring mechanical ventilation.

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. Identifies indications for intubation.	1	2	3	4	DR, V			Unit Orientation	
2. Defines different modes: **Control modes** a. Volume control b. Pressure control c. Pressure-regulated ▪ volume control **Support modes** a. Volume support b. SIMV c. Pressure support d. CPAP	1	2	3	4	V, T			AACN Procedure Manual Experience with Respiratory Therapy Experience with preceptor	
3. Able to gather appropriate equipment for intubation: a. Connects O_2 b. Bag Value Mask c. Correct size ET tube with stylet d. Tape/fixation devices e. Stethoscope f. 10cc syringe g. Appropriate medications	1	2	3	4	D, V				

1/2004   *If competency is initialed as 'NOT MET', CNS/Educator or designee must be contacted for follow-up. See reverse side for action plan.

Key: 1 = No knowledge/No experience	3 = Knowledge/Done with assistance	**Circle method used for validation:** D = Demonstration	DR = Documentation Review	V = Verbalization
2 = Knowledge/No experience	4 = Knowledge/Done independently		T = Test/Quiz	O = Other (specify)

Competency: Mechanical Ventilation – Manages care and seeks to prevent complications for the patient requiring mechanical ventilation.

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
4. Assists with intubation as necessary.	1	2	3	4	D				
5. Demonstrates ability to verify and record placement of ETT.	1	2	3	4	D, DR				
6. Demonstrates ability to suction ventilated patient: a. In-line b. Aseptic technique	1	2	3	4	D				
7. Correctly verifies ventilator settings.	1	2	3	4	D				
8. Correctly interprets ABG results.	1	2	3	4	D, DR				
9. Monitors patient trends for risk of complications (e.g., PIP, sputum).	1	2	3	4	D, DR				
10. Identifies indications for extubation.	1	2	3	4	DR, V				

1/2004   *If competency is initialed as 'NOT MET', CNS/Educator or designee must be contacted for follow-up. See reverse side for action plan.

Action Plan for Competency Achievement

Targeted Areas for Improvement (Behavioral Indicators):

Educational Activities/Resources Provided:

"Hands on" practice planned with preceptor, unit educator, CNS, nurse manager:

Re-evaluation date: _____

By: _____

    ☐ Competency Met
    ☐ Competency Not Met

       Next Step:_____

1/2004   *If competency is initialed as 'NOT MET', CNS/Educator or designee must be contacted for follow-up. See reverse side for action plan.